CITY OF HOUSTON

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To: Vaccines for Children Providers
Nursing and Long-Term Care Facilities

From: David E. Persse, MD
Local Health Authority
Houston Department of Health and
Human Services

Date: October 14, 2004

Thru: David R. Miller, Bureau Chief
Immunizations

As you know, Chiron Corporation will not be able to distribute its influenza vaccine for the 2004-2005 flu season. The Houston Department of Health and Human Services (HDHHS) planned to order vaccine from Chiron, through the Department of State Health Services (DSHS). Therefore, the health department has no flu vaccine for the adult population, and no means of acquiring vaccine at this time. We will only provide vaccine for VFC eligible children 0 to 18 years that fall within CDC and ACIP recommendations. We are encouraging the residents of Houston to take a proactive stance and protect themselves as much as possible from contracting the flu. We have gathered information that is critical in reducing flu transmission and we are pleased to present to you information that we hope you share with your patients and colleagues.

There are individuals that meet qualifications for receiving the flu shot, we encourage them to check with their personal physician to obtain the flu vaccine. Others, who do not fit the high risk profile, should be advised to forego or defer the flu vaccine this year. Your assistance in delivering risk reduction messages related to flu transmission is greatly appreciated

CRITICAL: We have also included a flu vaccine availability survey. Please complete and fax to the HDHHS Bureau of Epidemiology @ 713-794-9182.

Houston Department of Health and Human Services

Harris County HCPHES Public Health & Environmental Services

Survey of Influenza Vaccine Availability
October 2004

Health Care Provider/Facility Name: _____
Contact Person re: Flu Vaccine: _____
Address: _____
_____

Telephone: _____
Fax: _____
Email: _____
Vaccine for Children PIN: _____ (check here if: ☐ not applicable)

No. of doses ordered to date	No. of doses received to date	Estimated No. of doses to be given to **Priority group** patient population (see CDC sheet)	Estimated surplus after vaccination of **priority group** patients	Would you be willing to sell your surplus doses to other local providers? (Y/N)	Would you be willing to buy surplus doses from other local providers? (Y/N)	Comments

Please **FAX or E-Mail** your completed survey **to your local health department,** either
HDHHS Bureau of Epidemiology: FAX 713.794.9182; Email Epidemiology@cityofhouston.net; Telephone 713.794.9181
HCPHES Epidemiology: FAX 713.439.6306; Email ckilborn@harriscountyhealth.com; Telephone 713.439.6000 (Epidemiologist on Duty)

Flu Vaccine

There are two types of vaccines:

- The "flu shot"—an inactivated vaccine (containing killed virus) that is given with a needle. **The flu shot** is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions.
- The nasal-spray flu vaccine—a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for "Live Attenuated Influenza Vaccine"). LAIV is approved for use in healthy people 5 years to 49 years of age who are not pregnant.

About two weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body.

When to Get Vaccinated

October or November is the best time to get vaccinated, but you can still get vaccinated in December and later. Flu season can begin as early as October and last as late as May.

Who Should Get Vaccinated?

Because of a shortfall in flu shot production for this season, CDC is recommending that certain people be given priority for getting the flu shot. People in the following groups should seek vaccination this season:

- all children aged 6–23 months;
- adults aged 65 years and older;
- persons aged 2–64 years with underlying chronic medical conditions;
- all women who will be pregnant during the influenza season;
- residents of nursing homes and long-term care facilities;
- children aged 6 months–18 years on chronic aspirin therapy;
- health-care workers involved in direct patient care; and
- out-of-home caregivers and household contacts of children aged <6 months.

These are people who are at high risk for serious flu complications or are in contact with people at high risk for serious flu complications.

People who are not included in one of the priority groups listed above are asked to forego or defer vaccination because of the vaccine supply situation.

Who Should Not Be Vaccinated

There are some people who should not be vaccinated. These include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination in the past.
- People who developed Guillain-Barré syndrome (GBS, see www.cdc.gov/flu/about/qa/gbs.htm) within 6 weeks of getting an influenza vaccine previously.
- Children less than 6 months of age.
- People who are sick with a fever. (These people can get vaccinated once their symptoms lessen.)

Other Good Health Habits

- **Avoid close contact.**
  Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

- **Stay home when you are sick.**
  If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.

- **Cover your mouth and nose.**
  Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.

- **Clean your hands.**
  Washing your hands often will help protect you from germs.

- **Avoid touching your eyes, nose or mouth.**
  Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

For more information, visit www.cdc.gov/flu, or call the National Immunization Hotline at (800) 232-2522 (English), (800) 232-0233 (español), or (800) 243-7889 (TTY).

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
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Houston Department of Health and Human Services Immunization Bureau

Flu E-Mail Newsletter

October 7, 2004 Volume 1, Number 1

CDC Announces...

Interim Influenza Vaccination Recommendations, 2004–05 Influenza Season

On October 5, 2004, CDC was notified by Chiron Corporation that none of its influenza vaccine (Fluvirin®) would be available for distribution in the United States for the 2004–05 influenza season. The company indicated that the Medicines and Healthcare Products Regulatory Agency (MHRA) in the United Kingdom, where Chiron's Fluvirin vaccine is produced, has suspended the company's license to manufacture Fluvirin vaccine in its Liverpool facility for three months preventing any release of the vaccine for this influenza season. This action will reduce by approximately one half the expected supply of trivalent inactivated vaccine (flu shot) available in the United States for the 2004–05 influenza season.

Because of this urgent situation, CDC, in coordination with its Advisory Committee for Immunization Practices (ACIP), is issuing interim recommendations for influenza vaccination during the 2004–05 season. These interim recommendations were formally recommended by ACIP on October 5 and replace earlier recommendations.

Priority Groups for Influenza Vaccination

The following priority groups for vaccination with inactivated influenza vaccine this season are considered to be of equal importance and are:

- all children aged 6–23 months;
- adults aged ≥65 years;
- people aged 2–64 years with underlying chronic medical conditions;
- all women who will be pregnant during the influenza season;
- residents of nursing homes and long-term care facilities;
- children aged 6 months–18 years on chronic aspirin therapy;
- health-care workers involved in direct patient care; and
- out-of-home caregivers and household contacts of children aged <6 months.

Other Vaccination Recommendations

- People in priority groups identified above should be encouraged to search locally for vaccine if their regular health-care provider does not have vaccine available.
- Intranasally administered, live, attenuated influenza vaccine, if available, should be encouraged for healthy persons who are aged 5–49 years and are not pregnant, including health-care workers (except those who care for severely immunocompromised patients in special care units) and persons caring for children aged <6 months.
- Certain children aged <9 years require 2 doses of vaccine if they have not previously been vaccinated. All children at high risk for complications from influenza, including those aged 6–23 months, who are brought for vaccination, should be vaccinated with a first or second dose, depending on vaccination status. However, doses should not be held in reserve to ensure that 2 doses will be available. Instead, available vaccine should be used to vaccinate persons in priority groups on a first-come, first-serve basis.

Vaccination of People in Nonpriority Groups

Persons who are not included in one of the priority groups described above should be informed about the urgent vaccine supply situation and asked to forego or defer vaccination.

People Who Should Not Receive Influenza Vaccine

People in the following groups should not receive influenza vaccine before talking with their doctor:

- People with a severe allergy (i.e., anaphylactic allergic reaction) to hens' eggs and
- People who previously had onset of Guillain-Barré syndrome during the 6 weeks after receiving influenza vaccine.

How Does This Effect Us

- HDHHS was in the process of purchasing 8,000 doses of adult influenza vaccine.
- The vaccine would have been the Chiron product.
- We currently have no source of adult influenza vaccine for our clinics.
- It appears that we will have the needed influenza vaccine for our infant and childhood VFC program as the producer of that product was unaffected.

We are working with our partners to deal with this unforeseeable situation. We promise to keep you posted as the situation unfolds. At this time as a result of the vaccine shortage our public clinics and health centers will concentrate on educational activities to provide guidance to the community on non-vaccine preventive measures that can be taken to reduce the risk of influenza disease.

What Can You Do to Prevent The Flu...

Wash your hands with soap and warm water or use an alcohol based hand rub or gel frequently, especially after visiting public places or being in contact with anyone with a cold or the flu. Avoid touching your eyes, nose and mouth.

Cover your mouth when coughing or sneezing. Turn your head (never cough in the direction of someone else) and cough or sneeze into a tissue. If tissues are not available, cough or sneeze into the inside of your elbow.

Do not take young children, those with immune system problems or the chronically ill into large crowds unnecessarily when the flu is in your community.

Avoid close contact (holding, hugging and kissing) with anyone who has a cold or the flu. Be very careful with children, as they are most likely to become sick with the flu.

Stay home from work or school and avoid public activities for at least five (seven for children) days if you have symptoms of the flu.

Do not share items like drinking cups, straws, or other items that you put in your mouth.

Clean things that are touched often in household, classroom and child care settings: door or refrigerator handles, phones, water faucets etc.

BE A GERM STOPPER.

COVER MOUTH AND NOSE

CLEAN HANDS

Cover Coughs and Sneezes. Clean Hands.

Be a germ stopper at school — and home. Cover your mouth and nose when you cough or sneeze. Use a tissue and throw it away.

Clean your hands a lot

- After you sneeze or cough
- After using the bathroom
- Before you eat
- Before you touch your eyes, mouth or nose

Washing hands with soap and water is best. Wash long enough to sing the "Happy Birthday" song twice. Or, use gels or wipes with alcohol in them. This alcohol kills germs!

Stop germs. And stop colds and flu.

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

www.cdc.gov/germstopper

Take care: Cover coughs and sneezes. Keep hands clean.

Healthy habits can protect you and your children from getting germs or spreading germs at home, work and school. Simple actions can stop germs and prevent illnesses.

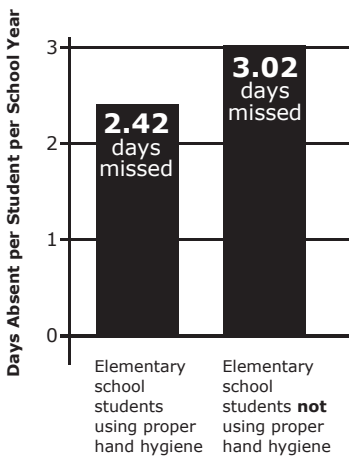
Cover your mouth and nose. Use a tissue when you cough or sneeze and drop it in the trash. If you don't have a tissue, cover your mouth and nose as best you can.

Clean your hands often. Clean your hands every time you cough or sneeze. Hand washing stops germs. Alcohol-based gels and wipes also work well.

Remind your children to practice healthy habits, too. Germs that cause colds, coughs, flu and pneumonia can spread easily.

Healthy habits help reduce illnesses and sick days. Feel good about doing the right things to stay well.

Cleaning Hands Keeps Students In School



Healthy habits stop germs. At home, work and school.

This message is from the Centers for Disease Control and Prevention and the Department of Health and Human Services. To learn more, please visit www.cdc.gov/germstopper.

CDC
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INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW

2004-2005

1 Why get vaccinated?

Influenza ("flu") is a serious disease.

It is caused by a virus that spreads from infected persons to the nose or throat of others.

Influenza can cause:

· fever · sore throat · chills
· cough · headache · muscle aches

Anyone can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes an average of 36,000 deaths each year in the U.S., mostly among the elderly.

Influenza vaccine can prevent influenza.

2 Influenza vaccine

Two types of influenza vaccine are now available. Inactivated (killed) influenza vaccine, given as a shot, has been used in the United States for many years. A live, weakened vaccine was licensed in 2003. It is sprayed into the nostrils.

Influenza viruses change often. Therefore, influenza vaccine is updated every year.

Protection develops about 2 weeks after getting the shot and may last up to a year.

Some people who get flu vaccine may still get flu, but they will usually get a milder case than those who did not get the shot.

Flu vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

Some inactivated flu vaccine contains thimerosal, a form of mercury, as a preservative. Some contains only a trace of thimerosal. There is no scientific evidence that thimerosal in vaccines is harmful, and the known benefits of the vaccine outweigh any potential risk from thimerosal. If you have questions about thimerosal or reduced-thimerosal flu vaccine, ask your doctor.

3 Who should get inactivated influenza vaccine?

People 6 months of age and older at risk for getting a serious case of influenza or influenza complications, and people in close contact with them (including all household members) should get the vaccine.

An annual flu shot is recommended for:

- **All children** 6-23 months of age.
- **Household contacts and out-of-home caretakers** of infants from 0-23 months of age.
- People **50 years of age or older**.
- Residents of **long-term care facilities** housing persons with chronic medical conditions.
- People who have **long-term health problems** with:
  - heart disease
  - kidney disease
  - lung disease
  - metabolic disease, such as diabetes
  - asthma
  - anemia, and other blood disorders
- People with a **weakened immune system** due to:
  - HIV/AIDS or another disease that affects the immune system
  - long-term treatment with drugs such as steroids
  - cancer treatment with x-rays or drugs
- People 6 months to 18 years of age on **long-term aspirin treatment** (these people could develop Reye Syndrome if they got the flu).
- Women who will be **pregnant** during influenza season.
- Physicians, nurses, family members, or anyone else coming in **close contact with people at risk** of serious influenza.
- Anyone else who wants to **reduce their chance of catching influenza.**

An annual flu shot should be *considered* for:

- People who provide **essential community services.**
- People at high risk for flu complications who **travel** to the Southern hemisphere between April and September, or who travel to the tropics or in organized tourist groups at any time.
- People living in **dormitories** or under other crowded conditions, to prevent outbreaks.

4 When should I get influenza vaccine?

The best time to get a flu shot is in October or November.

Some people should get their flu shot in ***October*** or earlier. This includes:
- people **50 years of age and older**,
- younger people at **high risk** from flu and its complications (including **children 6 through 23 months of age**),
- **household contacts** of persons at high risk,
- **health care workers**, and
- **children under 9 years of age** getting the flu shot for the first time.

The flu season can peak anywhere from December through March, but most often it peaks in February. So getting the vaccine in December, or even later, can be beneficial in most years.

Most people need only one flu shot each year to prevent influenza. **Children under 9 years old getting flu vaccine for the first time** should get 2 doses. With the inactivated vaccine, these doses are given one month apart. Children in this age group who got one dose the previous year, even if it was the first time they got the vaccine, need only one dose this year.

5 Some people should talk with a doctor before getting influenza vaccine

Talk with a doctor before getting a flu shot if you:

1) ever had a serious allergic reaction to eggs or to a previous dose of influenza vaccine, or
2) have a history of Guillain-Barré Syndrome (GBS).

If you have a fever or are severely ill at the time the shot is scheduled, you should probably wait until you recover before getting influenza vaccine. Talk to your doctor or nurse about whether to reschedule the vaccination.

6 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from inactivated flu vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:
•soreness, redness, or swelling where the shot was given
•fever
•aches
If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:
- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is within a few minutes to a few hours after the shot.
- In 1976, swine flu vaccine was associated with a severe paralytic illness called Guillain-Barré Syndrome (GBS). Influenza vaccines since then have not been clearly linked to GBS. However, if there is a risk of GBS from current influenza vaccines, it is estimated at 1 or 2 cases per million persons vaccinated . . . much less than the risk of severe influenza, which can be prevented by vaccination.

7 What if there is a moderate or severe reaction?

What should I look for?
- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?
- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.
  Or you can file this report through the VAERS web site at www.vaers.org, or by calling 1-800-822-7967.
  VAERS does not provide medical advice.

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-2522** (English)
  - Call **1-800-232-0233** (Español)
  - Visit CDC's website at **www.cdc.gov/flu**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

LIVE, INTRANASAL INFLUENZA VACCINE

WHAT YOU NEED TO KNOW

2004-2005

1 Why get vaccinated?

Influenza ("flu") is a serious disease.

It is caused by a virus that spreads from infected persons to the nose or throat of others.

Influenza can cause:

· fever · sore throat · chills
· cough · headache · muscle aches

Anyone can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes an average of 36,000 deaths each year in the U.S., mostly among the elderly.

Influenza vaccine can prevent influenza.

2 Live, intranasal influenza vaccine

Two types of influenza vaccine are now available, an inactivated vaccine and a live vaccine.

Live, intranasal influenza vaccine (trade-name FluMist™) was licensed in 2003. FluMist contains live, attenuated (weakened) influenza virus. It is sprayed into the nostrils rather than injected into the muscle.

Inactivated influenza vaccine, sometimes called the "flu shot," has been used for many years, and is given by injection. It contains killed influenza virus.

3 Who can get live, intranasal influenza vaccine?

Live, intranasal influenza vaccine is approved for healthy children and adults from 5 through 49 years of age, including household contacts of most people at high risk for influenza complications. However, FluMist should not be used by people with some medical conditions, pregnant women, or others at risk of influenza-related complications (see Section 4).

4 Who should *not* get live, intranasal influenza vaccine?

The following people should not get intranasal influenza vaccine. They should check with their health care provider about getting **inactivated influenza vaccine**.

- **Adults 50 years of age or older** or **children younger than 5**.
- People who have **long-term health problems** with:
  - heart disease
  - kidney disease
  - lung disease
  - metabolic disease, such as diabetes
  - asthma
  - anemia, and other blood disorders
- People with a **weakened immune system** due to:
  - HIV/AIDS or another disease that affects the immune system
  - long-term treatment with drugs that weaken the immune system, such as steroids
  - cancer treatment with x-rays or drugs
- Children or adolescents on **long-term aspirin treatment** (these people could develop Reye syndrome if they get the flu).
- **Pregnant women**.
- Anyone with a history of **Guillain-Barré Syndrome** (GBS).

The flu shot (inactivated vaccine) is preferred over live, intranasal influenza vaccine for physicians, nurses, family members, or anyone else coming **in close contact with anyone with a severely weakened immune system** (that is, requiring care in a protected environment).

The following people should talk with a doctor before getting *either* flu vaccine:

- Anyone who has ever had a serious allergic reaction to **eggs** or to a **previous dose** of influenza vaccine.
- If you have a fever or are severely ill at the time the vaccination is scheduled, you should probably wait until you recover before getting influenza vaccine. Talk to your doctor or nurse about whether to reschedule the vaccination.

5 When should I get influenza vaccine?

The best time to get flu vaccine is in **October** or **November**. The flu season can peak anywhere from December through March, but most often peaks in February. So getting the vaccine in December, or even later, can be beneficial in most years.

Most people need only one flu vaccination each year to prevent influenza. But **children under 9 years of age getting influenza vaccine for the first time** should get 2 doses of vaccine. For the live influenza vaccine, these doses should be 6-10 weeks apart. These children should get their first dose in October or earlier. Children in this age group who got one dose the previous year, even if it was the first time they got the vaccine, need only one dose this year.

Live, intranasal flu vaccine may be given at the same time as other vaccines. This includes other live vaccines, such as MMR or chickenpox. But if two live vaccines are not given on the same day, they should be given at least 4 weeks apart.

Influenza viruses change often. Therefore, influenza vaccines are updated every year, and an annual vaccination is needed.

6 What are the risks from live, intranasal influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. However, the risk of a vaccine causing serious harm, or death, is extremely small.

Chances of live influenza vaccine viruses spreading from person to person are very small. Even if such spread should occur, it is unlikely to cause illness.

Live, intranasal influenza vaccine can cause mild symptoms in the recipient (see below).

Mild problems:
Some children and adolescents 5-17 years of age have reported mild reactions, including:
- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- abdominal pain or occasional vomiting or diarrhea

Some adults 18-49 years of age have reported:
- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

These symptoms did not last long and went away on their own. Even when they occur after vaccination, they may not have been caused by the vaccine.

Severe problems:
- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it would be within a few minutes to a few hours after the vaccination.
- If rare reactions occur with any new product, they may not be identified until many thousands, or millions, of people have used the product. Like all vaccines, live, intranasal influenza vaccine is being monitored for unusual or severe problems.

7 What if there is a moderate or severe reaction?

What should I look for?
- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?
- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

  Or you can file this report through the VAERS web site at www.vaers.org, or by calling 1-800-822-7967.

  VAERS does not provide medical advice.

8 How can I learn more?

- Ask your immunization provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-2522** (English)
  - Call **1-800-232-0233** (Español)
  - Visit CDC's website at **www.cdc.gov/flu**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

VACUNA CONTRA LA GRIPE
DESACTIVADA

LO QUE USTED NECESITA SABER

2004-2005

1 ¿Por qué vacunarse?

La gripe, también conocida como la influenza o flu, es una enfermedad seria.

Está causada por un virus que se pasa de las personas infectadas a la nariz o la garganta de otras.

La gripe puede causar:
- fiebre
- tos
- dolor de garganta
- dolor de cabeza
- escalofríos
- dolores musculares

Cualquier persona puede contraer la gripe. La mayoría de las personas están enfermas con gripe por pocos días, pero algunas se enferman con mayor gravedad y necesitan ser hospitalizadas. La gripe causa un promedio de 36,000 muertes todos cada año en los Estados Unidos, la mayoría de ellas entre ancianos.

La vacuna contra la gripe puede prevenir la gripe.

2 La vacuna contra la gripe

Ahora hay disponibles dos tipos de vacunas contra la gripe. La vacuna desactivada contra la gripe (muerta), en forma de inyección, se ha usado en Estados Unidos por muchos años. En 2003 se autorizó el uso de una vacuna viva, debilitada. Esta se aplica como un aerosol en las fosas nasales.

Los virus de la gripe cambian a menudo. Es por eso que la vacuna contra la gripe se actualiza todos los años.

La protección que da la vacuna se desarrolla aproximadamente 2 semanas después de recibir la vacuna y puede durar hasta un año.

Algunas personas que se vacunan aun así se pueden enfermar de gripe, pero por lo general tienen un caso mucho más leve que las personas que no se vacunaron.

La vacuna contra la gripe se puede dar al mismo tiempo que otras vacunas, incluyendo la vacuna contra el neumococo.

Algunas vacunas desactivadas contra la gripe contienen timerosal, una forma de mercurio, como preservativo. Algunas contienen sólo rastros de timerosal. No hay pruebas científicas de que el timerosal en las vacunas sea dañino y los beneficios conocidos de la vacuna superan los posibles riesgos del timerosal. Si tiene preguntas sobre el timerosal o la vacuna contra la gripe con timerosal reducido, hable con su médico.

3 ¿Quiénes deben recibir la vacuna desactivada contra la gripe?

Las personas de 6 meses de edad y mayores en riesgo de tener un caso grave de gripe o complicaciones de la gripe, y las personas que estén en estrecho contacto con ellas (incluyendo a todos los que vivan en el mismo hogar) deben vacunarse.

Se recomienda una vacuna anual contra la gripe a:

- **Todos los niños** de 6 a 23 meses de edad.
- **Las personas que están en contacto con su hogar y las personas que cuiden a niños**-desde el nacimiento hasta los 23 meses-fuera del hogar.
- Las personas **de 50 años de edad o mayores de 50 años.**
- Personas con problemas médicos crónicos que viven en **instituciones de cuidado a largo plazo.**
- Las personas que tienen un **problema de salud a largo plazo** con:
  - enfermedad del corazón
  - enfermedad de los pulmones
  - asma
  - enfermedad de los riñones
  - enfermedad metabólica, como la diabetes
  - anemia y otras enfermedades de la sangre
- Las personas que tienen el **sistema inmunológico debilitado** a causa de:
  - VIH/SIDA u otras enfermedades que afecten el sistema inmunológico
  - tratamiento a largo plazo con medicamentos como esteroides
  - tratamiento del cáncer con rayos X o medicamentos
- Las personas de 6 meses a 18 años de edad en **tratamiento con aspirina a largo plazo** (estas personas podrían contraer el Síndrome de Reye si les diera la gripe).
- Las mujeres que estarán **embarazadas** durante la temporada de la gripe.
- Médicos, enfermeras, parientes o todas las demás personas en **estrecho contacto con personas en riesgo** de contraer gripe grave.
- Todos los que deseen **reducir su probabilidad de contraer gripe.**

Se debe *considerar* una vacuna anual contra la gripe para:

- Las personas que prestan **servicios comunitarios esenciales.**
- Las personas en alto riesgo de complicaciones de la gripe que **viajan** al hemisferio sur entre abril y septiembre o que viajan a los trópicos o en grupos de turismo en cualquier época del año.
- Las personas que viven en **residencias** o en otros lugares en que viva mucha gente, para prevenir brotes.

4 ¿Cuándo debo vacunarme contra la gripe?

La mejor época para vacunarse contra la gripe es en octubre o noviembre.

Algunas personas deben vacunarse contra la gripe en ***octubre*** o antes. Esto incluye a:
- personas de **50 años de edad y mayores**,
- personas más jóvenes en **alto riesgo** de la gripe y sus complicaciones (incluyendo a los **niños de 6 a 23 meses de edad**),
- **las personas que tienen contacto** con las personas de alto riesgo de su hogar,
- **los que trabajen en el campo de la salud** y
- **niños menores de 9 años de edad** que se vacunen contra la gripe por primera vez.

La temporada de la gripe puede alcanzar su punto máximo en cualquier momento entre diciembre y marzo, pero lo más frecuente es que ocurra en febrero. Así que, la mayoría de los años puede ser provechoso vacunarse en diciembre, o incluso después.

La mayoría de las personas necesitan una sola vacuna contra la gripe por año para prevenir la gripe. **Los niños menores de 9 años de edad que se vacunen contra la gripe por primera vez** requieren 2 dosis. En el caso de la vacuna desactivada, estas dosis se dan con un mes de diferencia. Los niños en este grupo de edad que recibieron una dosis el año pasado, aunque fuera la primera vez que se vacunaban, necesitan una sola dosis este año.

5 Algunas personas deben hablar con un médico antes de vacunarse contra la gripe.

Hable con un médico antes de vacunarse contra la gripe si:

1) alguna vez tuvo una reacción alérgica seria a los huevos o a una dosis anterior de la vacuna contra la gripe o
2) tuvo el Síndrome de Guillain-Barré (GBS).

Si tiene fiebre o está gravemente enfermo en el momento en que tiene programado vacunarse, en general debe esperar hasta recuperarse antes de vacunarse contra la gripe. Pregunte a su médico o enfermera si tiene que hacer una nueva cita para vacunarse.

6 ¿Cuáles son los riesgos de la vacuna desactivada contra la gripe?

Es posible que una vacuna, como cualquier medicamento, pueda causar problemas serios, como reacciones alérgicas graves. El riesgo de que una vacuna cause daños serios, o la muerte, es sumamente pequeño.

Los problemas serios de la vacuna desactivada contra la gripe ocurren muy rara vez. Los virus en la vacuna desactivada contra la gripe están muertos, de manera que la vacuna no le puede dar gripe.

Problemas leves:
- dolor, enrojecimiento o hinchazón en el lugar donde lo vacunaron
- fiebre
- dolores

Si estos problemas ocurren, en general comienzan poco tiempo después de vacunarse y duran 1 ó 2 días.

Problemas graves:
- Las reacciones alérgicas a causa de las vacunas que amenazan la vida ocurren muy rara vez. Si ocurren, es a los pocos minutos o a las pocas horas de haberse vacunado.
- En 1976, la vacuna contra la gripe porcina estuvo relacionada con una enfermedad paralítica grave llamada Síndrome de Guillain-Barré (GBS). Desde entonces las vacunas contra la gripe no han sido vinculadas claramente al GBS. Sin embargo, sí *hay* un riesgo de contraer GBS de las vacunas actuales contra la gripe, se calcula que ese riesgo es de 1 a 2 casos por millón de personas vacunadas. Es mucho menor que el riesgo de contraer un caso de gripe grave, que se puede prevenir con la vacunación.

7 ¿Qué pasa si hay una reacción moderada o grave?

¿A qué debo prestar atención?

- Cualquier cosa fuera de lo común, como fiebre alta o cambios en el comportamiento. Las señales de una reacción alérgica grave pueden incluir dificultad para respirar, ronquera o sibilancias, urticaria, palidez, debilidad, latidos rápidos del corazón o mareos.

¿Qué debo hacer?

- **Llame** a un médico o lleve a la persona inmediatamente a un médico.
- **Diga** al médico lo que ocurrió, la fecha y la hora en que ocurrió y cuándo recibió la vacuna.
- **Pida** a su médico, enfermera o departamento de salud que informe la reacción llenando un formulario del Sistema de Información sobre Eventos Adversos a una Vacuna (VAERS).

O puede presentar este informe mediante el sitio web de VAERS, en www.vaers.org o puede llamar al 1-800-822-7967.

VAERS no proporciona asesoramiento médico.

8 ¿Cómo puedo obtener más información?

- Pregunte a su médico o enfermera. Le pueden dar el prospecto que viene con la vacuna o sugerirle otras fuentes de información.
- Llame al departamento de salud local o estatal.
- Póngase en contacto con el Centro para el Control y la Prevención de las Enfermedades (CDC):
  - Llame al **1-800-232-2522** (inglés)
  - Llame al **1-800-232-0233** (español)
  - Visite los sitios web del CDC en **www.cdc.gov/flu**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

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VACUNA INTRANASAL VIVA CONTRA LA GRIPE

LO QUE USTED NECESITA SABER

2004-2005

1 ¿Por qué vacunarse?

La gripe es una enfermedad seria.

Está causada por un virus que se pasa de las personas infectadas a la nariz o a la garganta de otras.

La gripe puede causar:

- fiebre
- dolor de garganta
- escalofríos
- tos
- dolor de cabeza
- dolores musculares

Cualquiera puede contraer la gripe. La mayoría de las personas están enfermas con gripe sólo por unos pocos días, pero algunas se enferman con mayor gravedad y pueden necesitar ser hospitalizadas. La gripe causa un promedio de 36,000 muertes cada año en los Estados Unidos, la mayoría de ellas entre los ancianos.

La vacuna contra la gripe puede prevenir la gripe.

2 La vacuna intranasal viva contra la gripe

Ahora hay disponibles dos tipos de vacunas contra la gripe: una vacuna desactivada y una vacuna viva.

La vacuna intranasal viva contra la gripe (cuyo nombre comercial es FluMist™) se autorizó en 2003. FluMist contiene virus de la gripe vivo y atenuado (debilitado). Se pone en forma de aerosol en las fosas nasales, en lugar de inyectarse en el músculo.

La vacuna desactivada contra la gripe, a veces llamada la inyección contra la gripe, se ha usado por muchos años, y se inyecta. Contiene virus de la gripe muerto.

3 ¿Quiénes pueden recibir la vacuna intranasal viva contra la gripe?

La vacuna intranasal viva contra la gripe está aprobada para niños y adultos sanos de 5 a 49 años de edad, incluyendo a la mayoría de las personas que estén en contacto en la casa con las personas en alto riesgo de complicaciones de la gripe. Sin embargo, las personas con algunos problemas médicos, las mujeres embarazadas u otras personas con riesgo de complicaciones relacionadas con la gripe no deben usar FluMist (vea la Sección 4).

4 ¿Quiénes *no* deben recibir la vacuna intranasal viva contra la gripe?

Las siguientes personas no deben recibir la vacuna intranasal viva contra la gripe. Deben consultar a su profesional de la salud sobre recibir la **vacuna desactivada contra la gripe**.

- **Todos los adultos de 50 años de edad o mayores** o **los niños menores de 5 años.**
- Las personas que tienen **problemas de salud a largo plazo** con:
  - enfermedad del corazón
  - enfermedad de los pulmones
  - asma
  - enfermedad de los riñones
  - enfermedad metabólica, como diabetes
  - anemia y otras enfermedades de la sangre
- Las personas que tienen el **sistema inmunológico debilitado** a causa de:
  - VIH/SIDA u otras enfermedades que afecten el sistema inmunológico
  - tratamiento a largo plazo con medicamentos que debilitan el sistema inmunológico, como esteroides
  - tratamiento del cáncer con rayos x o medicamentos.
- Todos los niños o adolescentes en **tratamiento a largo plazo con aspirina** (estas personas podrían contraer el síndrome de Reye si les diera gripe).
- **Las mujeres embarazadas.**
- Cualquier persona con antecedentes del **síndrome de Guillain-Barré** (GBS).

Se prefiere la vacuna contra la gripe (vacuna desactivada), en lugar de la vacuna intranasal viva contra la gripe, para los médicos, enfermeras, familiares, u otras personas **que estén en contacto cercano con alguien que tenga un sistema inmunitario gravemente debilitado** (es decir, que necesite atención en un ambiente protegido).

Las siguientes personas deben hablar con un médico antes de recibir *cualquiera de las dos* vacunas contra la gripe:

- Cualquiera que haya tenido una reacción alérgica seria al **huevo** o a una **dosis anterior** de vacuna contra la gripe.
- Si tiene fiebre o está gravemente enfermo en el momento en que tiene programado vacunarse, probablemente debería esperar hasta haberse recuperado antes de vacunarse contra la gripe. Hable con su médico o enfermera sobre si debe vacunarse otro día.

5 ¿Cuándo debo vacunarme contra la gripe?

La mejor época para vacunarse contra la gripe es en **octubre** o **noviembre**. La temporada de gripe puede alcanzar su punto máximo entre diciembre y marzo, pero lo más frecuente es que ocurra en febrero. Así que, la mayoría de los años puede ser provechoso vacunarse en diciembre, o incluso después.

La mayoría de las personas necesitan sólo una vacuna contra la gripe cada año para prevenirla. Pero **los niños menos de 9 años de edad que se vacunan contra la gripe por primera vez** deben recibir 2 dosis de la vacuna. En el caso de la vacuna viva contra la gripe, la segunda dosis se debe dar 6 a 10 semanas después de la primera. Estos niños deben recibir la primera dosis en octubre o antes. Los niños en este grupo de edad que recibieron una dosis el año pasado, aunque fuera la primera vez que se vacunaban, necesitan una sola dosis este año.

La vacuna intranasal viva se puede dar al mismo tiempo que otras vacunas. Esto incluye otras vacunas vivas, como la MMR o la vacuna contra la varicela. Pero si dos vacunas vivas no se dan el mismo día, deben darse con al menos 4 semanas entre sí.

Los virus de la gripe cambian a menudo. Es por eso que las vacunas contra la gripe se actualizan cada año y es necesario vacunarse una vez por año.

6 ¿Cuáles son los riesgos de la vacuna intranasal viva contra la gripe?

Una vacuna, al igual que cualquier medicamento, puede causar problemas graves, como reacciones alérgicas fuertes. Sin embargo, el riesgo de que una vacuna cause un daño grave, o la muerte, es sumamente pequeño.

Son muy pequeñas las posibilidades de que los virus de la vacuna viva contra la gripe se pasen de una persona a otra. Aunque se pasen, es poco probable que causen una enfermedad.

La vacuna intranasal viva contra la gripe puede causar síntomas leves en la persona vacunada (vea más abajo).

Problemas leves:
Algunos niños y adolescentes de 15 a 17 años de edad informaron tener reacciones leves en estudios clínicos, incluyendo:

- nariz que gotea o congestión nasal o tos
- fiebre
- dolor de cabeza y dolores musculares
- dolor abdominal o vómitos o diarrea ocasionales

Algunos adultos de 18 a 49 años de edad dijeron haber tenido:

- nariz que gotea, congestión nasal
- tos, escalofríos, cansancio/debilidad
- dolor de garganta
- dolor de cabeza

Estos síntomas no duraron mucho y desaparecieron por sí solos. Aunque ocurrieran después de la vacunación, es posible que la vacuna no los haya ocasionado.

Problemas graves:

- Las reacciones alérgicas que amenazan la vida ocurren muy rara vez. Si ocurren, es a los pocos minutos o a las pocas horas de haberse vacunado.
- Si ocurren reacciones poco comunes con algún producto nuevo, es posible que no se identifiquen hasta que miles o millones de personas hayan utilizado el producto. Como sucede con todas las vacunas, la vacuna intranasal viva contra la gripe se está supervisando en caso de que cause problemas inusuales o graves.

7 ¿Qué pasa si hay una reacción moderada o grave?

¿A qué debo prestar atención?

- Cualquier cosa fuera de lo común, como fiebre alta o cambios en el comportamiento. Las señales de una reacción alérgica grave pueden incluir dificultad de respirar, ronquera o sibilancias, urticaria, palidez, debilidad, latidos rápidos del corazón o mareos.

¿Qué debo hacer?

- **Llame** a un médico o lleve a la persona inmediatamente a un médico.
- **Diga** a su médico lo que ocurrió, la fecha y la hora en que ocurrió, y cuándo recibió la vacuna.
- **Pida** a su médico, enfermera o departamento de salud que informe la reacción, presentando un formulario del Sistema de Información sobre Eventos Adversos a una Vacuna (VAERS).

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  VAERS no proporciona asesoramiento médico.

8 ¿Cómo puedo obtener más información?

- Hable con el profesional de inmunización. Le puede dar el prospecto que viene con la vacuna o sugerirle otras fuentes de información.
- Llame al departamento de salud local o estatal.
- Póngase en contacto con el Centro para el Control y la Prevención de las Enfermedades (CDC):
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